

# P00000061880

## TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

700003300957--5  
-06/22/00--01050--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: COASTAL REALTY SALES, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Coastal Realty Sales, Inc.  
Name (Printed or typed)

3757 Tamiami Trail N.

Address

Naples, Florida 34103

City, State & Zip

941-261-7577

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

S. Thompson JUN 20 2000

FILED  
00 JUN 22 PM 1:44  
TALLAHASSEE  
SECRETARY OF STATE

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## ARTICLE I NAME

The name of the corporation shall be:

Coastal Realty Sales, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3757 Tamiami Trail N.  
Naples, Florida 34103

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate

## ARTICLE IV SHARES

The number of shares of stock is:

200

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Kenneth W. Brand  
3757 Tamiami Trail N.  
Naples, Florida 34103

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

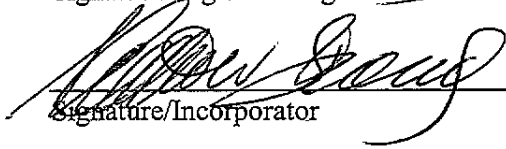
Kenneth W. Brand  
3757 Tamiami Trail N.  
Naples, Florida 34103

\*\*\*\*\*  
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

6/15/00

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6/15/00

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA